

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.
10602712

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3	2					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	2					
13	1					
14	1					
15	1					
16	1					
17	1					
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TOTAL IND.

1

TOTAL DEP.

18

TOTAL CLAIMS

19

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.

1

TOTAL DEP.

18

TOTAL CLAIMS

19